

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3316

State File No. 74

FILED JAN 19 1949

318

PRIMARY REG. DIST. NO. 1003 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 4741a Nebraska Ave. b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Mo. c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 4741a Nebraska Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis. d. STREET ADDRESS (If rural, give location) 4741a Nebraska Ave.			
3. NAME OF DECEASED (Type or Print) Adolph		a. (First)		b. (Middle) --		c. (Last) Sundmacher	
4. DATE OF DEATH January 2- 1949.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Nov. 18-1891		9. AGE (in years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John Sundmacher		13b. MOTHER'S MAIDEN NAME Dora Bieger		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 488-30-3533		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Frank		ADDRESS 4741a Nebraska	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Disseminated Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) Carcinoma of Breast-Primary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 3 mo ? ?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov. 10, 1948, to January 2, 1949, that I last saw the deceased alive on January 1, 1949, and that death occurred at 1 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Julius Chas. Kotter		(Degree or title) D. M. D.		23b. ADDRESS 2603 Cherokee St.		23c. DATE SIGNED Jan. 3, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5-1949		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REG. JAN 5 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lasater		ADDRESS 6409 E. Main St.	

(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Henry G. Brammer

Licensed Embalmer No.

4200

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.